

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35922

FILED
May 06, 2005
Secretary of State

Entity Name: VANJARIA VENTURES, INC.

Current Principal Place of Business:

2365 SR 16
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

2367 SR 16
SAINT AUGUSTINE, FL 32094 US

Current Mailing Address:

P.O. BOX 2200
ST AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-2913413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANJARIA, ABEED
2721 ARUNDEL LANE
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: VANJARIA, ABDUL
Address: 8905 ONE PUTT PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S () Delete
Name: VANJARIA, CAROLYN
Address: 8905 ONE PUTT PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VD () Delete
Name: VANJARIA, HANIF M
Address: 404 BUCKEYE LANE EAST
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VD () Delete
Name: VANJARIA, ABEED M
Address: 2721 ARUNDEL LANE
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: VANJARIA, HANIF M
Address: 8905 ONE PUTT PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABEED M VANJARIA

VD

05/06/2005

Electronic Signature of Signing Officer or Director

_____ Date